

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/12/2025
NAME OF PROVIDER OR SUPPLIER PLANT STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 619 PLANT STREET WASHINGTON, NC 27889		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on August 12, 2025. The complaint was unsubstantiated (intake #NC00232252). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 08/12/25 of facility records from January 2025 thru June 2025 revealed: - No fire drills documented for 3rd shift in the first quarter of 2025, 1st shift and 3rd shift in the 2nd quarter 2025. - No disaster drills documented for 3rd shift in the first quarter of 2025, 1st shift and 3rd shift in the 2nd quarter 2025. Interview on 08/11/25 client #1 stated she had completed fire and disaster drills at the facility. Interview on 08/11/25 client #5 stated she had participated in fire and disaster drills at the facility. -Interview on 08/12/25 the House Manager stated: - Fire and disaster drills should be completed quarterly on each shift. - The facility had switched to remote 3rd shift in April 2025.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

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V 736	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, orderly manner and kept free from offensive odors. The findings are:</p> <p>Observation on 08/12/25 of the facility revealed:</p> <ul style="list-style-type: none"> - The unoccupied bedroom revealed bits of debris and drink can tops on the floor. The walls had several black scuff marks on the walls. One unpainted white patched mark on the wall. - The rear storm door had discolored white panel section beneath the handle. The bottom edge of the door was rusty. - Client #4's bedroom had a malodorous smell. The box fan in the bedroom had a thick layer of dust on the grill and fan blades. - Client #5's bedroom revealed a dresser with 3 broken drawers. - The first bathroom had a door with damaged edges on the corners for the first approximately 12 inches from the bottom. The metal under the sink had rusty surfaces. The bathroom door had black scuff marks. - The second bathroom had black discoloration on the white caulk around the bottom of the commode. <p>Interview on 08/12/25 the House Manage stated:</p> <ul style="list-style-type: none"> - The previous client in the unoccupied room had a wheelchair and damaged walls in the bedroom. - The facility had already purchased a dresser for client #5. The dresser had to be put together. - She would follow up on identified items for repair. - Client #5 had an odor. Client #5 was admitted from a sister facility. She had doctor appointments scheduled to determine the nature of client #5's odor. 	V 736		

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V 736	Continued From page 3 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736			